

Health *through* Oral Wellness® (HOW®)

Summary of Benefits

When it comes to dental care, one size does not fit all. That's why Delta Dental of Idaho introduced Health *through* Oral Wellness® (HOW® for short). HOW is a unique, patient-centered oral health program that may add additional benefits to a patient's dental plan based on their individual oral health needs. If a patient is determined to be at risk for caries, periodontal disease, or oral cancer based on the results of a PreViser™ risk assessment performed in a dental office, he or she may qualify for enhanced benefits. HOW is based on the concept of evidence-based dentistry.

PROCEDURE SUMMARY

Oral Health Condition	Benefits	CDT Codes	Frequency
Caries <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 5px auto;"> Tooth Decay Risk Score 3-5 </div>	*Prophy, periodontal maintenance	D1110, D1120, D4346, D4910	Combination up to 4 per 12 months
	Fluoride varnish or topical fluoride	D1206, D1208	Combination up to 4 per 12 months
Periodontal Disease <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 5px auto;"> Risk Score 3-5 OR Gum Disease Score 4-100 </div>	**Sealants	D1351, D1353	Once per 2 years
	***Oral hygiene instruction or nutritional counseling	D1330, D1310	Once per 12 months
	*Drugs or medicaments dispensed in the office for home use	D9630	Combination up to 4 per 12 months
Oral Cancer <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 5px auto;"> Risk Score 3-5 </div>	Tobacco cessation counseling	D1320	Once per 12 months

Patients must receive a risk assessment at least once a year to maintain their HOW enhanced benefits.

* Combination of prophylaxis, periodontal maintenance, scaling in the presence of gingival inflammation, or drugs and medicaments, not to exceed four in a twelve month period. (Codes D9630 & D4910 process under Class II Basic services.)

** Sealants are a covered benefit based on risk assessment for unrestored primary molars and for unrestored permanent bicuspids and molars. One sealant per tooth every two years.

*** Either one nutritional counseling or one hygiene instruction in a 12 month period.

Enhanced benefits are subject to the patient meeting their plan's annual maximum and other limitations. Confirm benefit eligibility at deltadentalid.com or from customer service at 1-800-356-7586.

If you have questions or would like to contact us for more information about the Health *through* Oral Wellness program, please contact us by phone at: (208) 489-3563 or by email at: ProfessionalRelations@deltadentalid.com.